

# **Vet to Vet Peer Support Manual**

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## **Peer Support Meetings**

### **Values, ideas and concepts**

Peer Educators Project and Vet to Vet have one central value. The statement below is the value that clarifies and informs all the others. If you ever feel stuck or unsure of what you are doing, read it and apply it to the situation you find yourself in.

Although we may use different techniques to facilitate different kinds of peer support meeting, please remember:

All people who attend peer support meetings have something to teach and share as well as something to learn from.

### **Mutuality:**

Mutuality means that we share rather than lead. Mutuality means that people in the support meeting have similar backgrounds. We receive or have received in the past mental health services and are able to self disclose about our experiences.

Being able to self disclose about having mental illness is difficult for some of us. Within our meetings, we have the opportunity to overcome any shame or stigma that we have experienced because of our psychiatric condition.

We can overcome shame and stigma through sharing strength and hope through mutuality. Mutuality means that the learning and sharing is done through community and not by lone individuals.

### **Mutual Support**

Often peer support meetings are referred to as "self-help" meetings. This is not the way we see it. 'Mutual support' is a term to replace 'self help' and better reflects what we get out of going to support meetings.

Recovery does not take place in a vacuum - we all need and in fact must have healthy natural supports. We also need the support of our provider(s).

Without such supports we are more vulnerable to relapse from both our psychiatric condition and/or our alcoholism/addiction.

Our meetings encourage, validate and support our recovery in an ongoing fashion. Just as we allow others to be there for us, we are also there for them. Therefore, peer support meetings are not "self-help" meetings, although our "self" will be helped through them; rather they are mutual support meetings.

Replacing the term "self-help" with "mutual help" gives definition and direction to the reality that we are learning, living and improving through sharing our strength, hope and knowledge TOGETHER.

We don't just take. We also give back. With mutuality, there is an ongoing sense of us, rather than "I".

The question is not just "What can I get out of this?" Rather it is "What can I contribute to this?"

### **Help:**

The idea that we need help or need to ask for help can be difficult. Yet, asking for help can be an unrecognized form of empowerment. People might have gone through life too proud, too afraid, or simply too cut off from others to ask for help. We have found that asking for help can give voice to a person.

Going to peer support meeting greatly increases our chances of hearing about or learning about ideas that can help us. Asking for help is part of the daily life of people living in a community.

On occasion when we have asked for help it was not forthcoming, or not the kind of help we needed. Continue to learn how to ask for help.

We can also accept what is offered to us. We may have been too proud or alienated to receive what is offered us. We didn't like the what was offered, the way it was offered, or it wasn't exactly what we asked for. Today we can recognize that getting the exact right help that we identify as needing is not always available.

Our friends, sponsors, family members and providers turn out to be perfectly imperfect human beings just as we are. The help we ask for does not need to be perfect, only good enough. Things can work out even if it's not exactly the way we think it should be.

We can have a million reasons for refusing help. Then, getting help becomes impossible. When we refuse help a lot then we can wear people out. They may not want to work with us or others. Still, we want to learn to ask for help when we need it. We also need to learn to develop the grace and gratitude to accept help. Learning to accept help and explain what help is being offered is something that we can learn in our support meetings.

### **Help for the helpers:**

As peer facilitators, we both facilitate and participate in our support meetings.

The benefit of this is twofold: 1) it protects from getting a "big head" (something that can very much negatively impact our own recovery), and 2) it

means that we, too can ask for help. Many of us don't ask for help when we need it. We don't want to become "burned out" and let down. Peer support facilitators need to learn how to get help along the way. Even though we are helpers, we can need help.

As facilitators, we learn how to get help before we are desperate for it.

Many of us who have mental illness or who are dually diagnosed wait until we are in crisis to ask for help.

Attendance in peer/mutual support meetings is one way to reduce some of the negative aspects of our mental illness. We don't have to wait too long to ask for help. In our meetings, we share on a day to day basis. We head off crisis before it happens. We develop the support that we will need before crisis happens.

This is both "prevention" and "intervention".

### **Prevention:**

Prevention is more than just a form of symptom reduction. Prevention from the negative aspects of our psychiatric conditions usually means that we will need a big change in the way we are living our lives. For instance, we will need to develop relationships with other people who are also in recovery - people who are traveling the same road we are on, or those who have gone before us -burning the trail. Prevention might mean that we will have to learn to take better care of ourselves. We might need to learn to exercise every day and to eat right. We might have to learn to turn off the T.V., open a book or take a course. If we don't have money, this may mean asking a friend to show us how to do something, leaning something new that can enhance our lives, not just keep us standing still. For sure, we will have to learn how to have a calmer and healthier life style. This includes having people around us who can support our changes.

### **Intervention:**

Still, our mental illness might not completely go away. We can rid ourselves of some of the triggers which can send us into crises, and we can learn better techniques for dealing with crises, but we can't avoid all of life's problems, big and small. Peer support, including developing friendships that are available to us outside the meeting, can help strengthen us so that when that crisis inevitably presents itself we can meet it with calmness and equanimity rather than blowing ourselves or others out of the water. Therefore peer facilitators need to learn how to keep ourselves healthy so we can continue to learn, grow and work, giving to and taking from others. We continue to learn how to get help as we facilitate the support meetings. Getting the right amount of sleep is critical:

One important aspect of changing our life is that most of us who have learned how to do well with their psychiatric conditions have learned developed a sleep routine. There seems to be a link between becoming psychotic and problems with sleeping. One problem is sleep deprivation. Even if we are not able to sleep well, we strive for extra

rest if we need it. Learning how to get extra rest and the importance of rest and sleep can be practiced. We can learn the importance of rest and sleep before we become so stressed out that we are psychotic. If we have not been able to rest we can take some time off for self care. We can call our providers and work with them before we return to facilitating the meeting. This is one of the reasons that we work in pairs, that there we are "co-facilitators." Co-facilitators will be there for the meeting when we need to pull back.

The opposite problem can be that we find that we are sleeping all the time. For example, we may find ourselves sleeping through appointments and fun things, too. In this instance we will need to discipline ourselves to stay in bed for just the hours we have designated to sleep, regardless of whether we sleep then or not. If we miss a night or part of the night's sleep because of this problem, we can decide not to sleep through the day and plan to keep our day very low key, recognizing that we will have some short term sleep deprivation. That night we usually will be able to sleep.

If we still can't sleep, we act, and call our doctors. We may need some get some chemical support to ensure that we do get some sleep. When we get that chemical support we will want to make sure that our doctor's understand that we are not asking her or him to medicate us for our symptoms only. Rather we are asking them to medicate so that we can function better. Clearly if we are too sedated, this won't help us to be able to function. Sleep is a critical ingredient in both getting better and managing our illness. With proper nutrition, exercising and scheduling we should be able to achieve a good sleep routine.

**For facilitators:**

We try to ensure that we are rested and clear headed before we facilitate a peer support meeting. If we are feeling sleep deprived and out of sorts for an extended period then we may need to pull back. We can allow ourselves the luxury of being "just" a participant for a while.

We may need to ask trusted people in our lives to help us make this decision. If we stop for a time, this doesn't mean all is lost. On the contrary we can provide a tremendous power of example to others to respect their own healing process by respecting our own. These support meetings can be very healing.

By our behavior we are saying that each person has his or her own rhythm and pace, we count and that we are worth the extra time and effort it takes to get ourselves 'right' again.

**Pacing ourselves:**

Personal pacing is necessary to help maintain stability. Sleep and rest balanced with activity is important to help maintain stability. A certain level of activity, especially activity that involves physical exercise during the day can also help bring on sleep at night. Balancing work with play is another way in which we can help ourselves to become more organized and healthier.

If are not employed we can think of our 'work' as learning something new every day. If we work all the time, or if all of our time is devoted solely to leisure pursuits, we are out of balance. Being out of balance can lead to being out of sorts with our self and with others in our life.

**Knowledge:**

We structure our meetings around studying materials related to our mental health or dual diagnoses:

Learning the four S's, how to become Sane, Stable, Safe and Sober happens through attendance at peer/ mutual support meetings. Sometimes this may take regular attendance over a period of time. Attendance may have to be done slowly until we build up our tolerance to a group or meeting format.

The benefits of meetings are incalculable. For the first time we are probably hearing from people who like ourselves, have one diagnosis or more of a major mental illness. And we are hearing how they successfully cope with it.

**What, how and why we study:**

A great deal of knowledge can be generated out of our support meetings. That is why with Vet to Vet and the Peer Educators Project have an educational foundation. We read material from current thinking about mental illness and then have a discussion. In that way, we gain a strong educational foundation.

We don't sit around and just talk about how we feel, although some of our materials may generate strong feelings. It is important to recognize people need for help with stabilizing and understandings their feelings. However, the cornerstone of the V Peer Educator and Vet to Vet support meetings is education.

Gaining good and useful knowledge is important. The term educational is used here because we are learning from books, magazines, videos and other materials about mental health, then sharing what has helped us in our own experience of mental health services.

**How to select materials for the meeting:**

When we choose out materials, we will want to choose carefully. There is a lot of misinformation about mental health and addictions out there.

We choose and read our articles and watch visual materials (dvd's etc.) carefully. We can ask a more experienced member or a mental health professional what they think before we share it with the meeting. If an article does not have good scientific evidence, that is, if it reflects only the opinions of various groups or an individual, we may choose to present it or not.

If we do present it we will want to tell the members that it is just the opinion of the writer or the organization they represent and has not been researched. Most of the time we will be able to find scientifically recognized or researched materials in mental health to use as a starting point for our discussion. In every support meeting we are learning from our materials as well as learning from each other. So, scientific articles that are well researched and respected by the field of mental health services are good.

Other materials might be poetry, stories and even songs that express or relate to our mental health and substance abuse recovery.

**Some of the materials we have found helpful are:**

- *The Recovery Workbook* (Exercises, text)
- *The Experience of Recovery* (First person accounts of Recovery)  
Published by Boston University  
by Martin Koehler, LeRoy Spaniol and Dori Hutchenson
- *Through the Seasons* (Poems)  
Published by Boston University Press  
by Moe Armstrong  
These books can be ordered through Boston University  
Telephone 617-358-1837
- *The Hip Pocket Recovery Workbook*, Koehler, Spaniol and Hutchenson, Boston University Press, and condensed by Moe Armstrong  
This can be ordered through the Peer Educators Project 617-277-9799
- *The Well Recovery Action Plan (WRAP) and WRAP for Dual Diagnosis*  
An advanced directive, preparation for how to cope with psychiatric crisis,  
by Mary Ellen Copeland, Published by SAMSHA  
Telephone 602-636-4445
- *Co-Occurring Disorders Recovery Plan*, (A Series by Foundations Associates)  
*Creating a Relapse Prevention Plan*  
*Making Medication Part of Your Life*  
*Learning About Relapse*  
*How Medication Can Help You*  
These publications can be ordered through Foundations by writing or calling:  
Foundations, 220 Ventura Circle, Nashville, Tennessee, 615-742-1000 or  
888-889-9230
- *Recovering Your Mental Health* (Series)  
by SAMHSA and CMHS  
The books in the series are:  
Action Planning for Prevention and Recovery  
Building Self-Esteem  
Dealing with the Effects of Trauma  
Developing a Recovery and Wellness Lifestyle  
Making and Keeping Friends  
These books are free and can be ordered through  
Center for Mental Health Services, 5600 Fishers Lane, Room 15-99, Rockville,  
MD 20857, 1-800-789-2647

- Other books of interest are:  
Lives At Risk, (about young people who are dually diagnoses with alcoholism or addiction and major mental illnesses) by Dr. Bert Pepper  
Transforming Madness, (about psychosocial rehabilitation practice in the framework of the author's brother's recovery) by Jay Nuegeboren  
Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders, by the U.S. Department of Health and Human Services and Substance Abuse and Mental Health Services Administration.
- Also, the Psychiatric Rehabilitation Journal and Psychiatric Services are two magazines that have good articles that will bring more knowledge about the mental health system and mental illness. Magazines like Newsweek and Time sometimes have articles which might be interesting, and are usually clearly written and easier to understand than some of the journal articles. Keep searching. Keep learning.

### **A word about non-readers:**

Special attention and welcoming must be paid to the member who cannot read or whose reading skills are limited. A member struggling with literacy problems should be encouraged to attend and try to read. If this is not possible for them, suggest that they listen and then participate in the discussion. Because someone can't read does not mean that he or she does not have much to teach. Sometimes people who cannot read or who cannot read with comprehension are excellent orators (speakers) and come from a culture or tradition that values speech more than the written word. Such people are valuable to the meeting because they can articulate knowledge well.

Remember, even the member who cannot either speak or read well is as valued as anyone else. In our meetings everyone is seen as having something of value that they can contribute to the meeting.

Facilitators must be able to read on at least a 10th grade level:

When finding a new facilitator we can ask them to read a couple of paragraphs from an article and then tell us what is in them. Not knowing how to read or how to read well is a very stigmatized problem in our society, yet one in five adult residents of the United States lacks this skill.

Since much of our meeting is based on reading, it is important that the facilitator have good comprehension of written materials. We can check this out easily if we are courteous and considerate. People who have problems with reading are often very sensitive about this topic, so be gentle. When you are recruiting a new facilitator here is how to check for this skill. Get the person to read from one of the articles or workbooks you will be using. Then get them to tell you in their own words what it means. Sometimes people seem to read well but miss the main points or have low comprehension. This is the better part of reading.



Other people, not used to reading out loud, may stumble or read slowly, but have an excellent grasp of the subject matter. By this method you can judge whether or not the person can be a facilitator.

**Other qualities of a good facilitator:**

Facilitators are made not born. That is, even people who seem very unpromising can learn to facilitate provided they have these qualities:

- They are genuinely interested in other people.
- They are good listeners.
- They speak softly but with authority (they are not afraid to redirect or teach the meeting format/protocol as needed.)
- They use democratic process to decide on the format (for instance, no cross talk, no swearing or "purple" language are two that meetings commonly adopt.)
- They use the format, not personal likes and dislikes, to guide the meeting.
- They make sure that they are getting all the support they need to enable them to be of help to others.
- They never let the meeting deteriorate into a monologue or dialogue, recognizing that all members should be given plenty of space to speak out.
- They are sensitive to and aware of a member who may be shy, or have trouble sharing.
- They are willing to walk the extra mile by reaching out to a member on the verge of relapse or who is simply having a hard time.
- They take the time to familiarize themselves with local services (food pantries, shelters, Vet's Centers, etc.) and provide that information to their members as needed.
- They understand the difference between a "war story" and a "recovery story" and can gently redirect the meeting towards recovery when it goes off base.
- They never use the meeting to humiliate or put any member on the spot.
- They are unafraid to ask for help when it is needed.
- They never leave a member in need unattended to.

**How to get a meeting started:**

There are two ways to approach setting up a Peer/ Mutual Educational Support Meetings

**1. Inside the mental health system**

Principles and theories developed in peer/mutual support meetings have been used in the substance abuse field for some time. Alcoholics Anonymous, Narcotics Anonymous and all the other twelve step programs are some examples of this. Until recently the mental health community has not embraced peers from our mental health programs as meeting facilitators or consumer employees. There have been some consumer employee initiatives, such as the State of Virginia model or Consumer Case anagement in Colorado. This manual expands on that and is aimed at increasing peer support that partner within mental health programs. It will improve our (both peers and providers) ability set up specific support meetings inside programs.

Many mental health programs have life skills classes but these educational classes are generally taught by staff and not taught by the people from the programs. Mental health has missed out on the life experiences that people with mental illness can bring to the mental health system. Such experiences are often more valid to consumers because they have been lived and are not just coming out of a book. Peer facilitators, peer specialist and peer counselors are beginning to work in the field in many states.

The idea of having the people in our programs be the people to work in our mental health system is an idea whose time has come. However, many of the jobs like mutual (peer) support meeting facilitators and peer specialists will probably be part time work. These jobs can go a long way towards helping supplement the existing work being done in the mental health system. Some jobs eventually may lead to full time employment.

In peer support meetings with the Peer Educators Project or Vet to Vet, we share educational materials on various topics concerning mental health. Then, there is discussion linking people's life experiences to these topics. We try to stay focused on how to make use of the material we are studying, thus keeping the focus on recovery.

Educational support meetings facilitated by peers are not group therapy sessions. They are more like witnessing or testimonials given by people about surviving and learning to thrive despite their illnesses.

Bringing together people in peer support meetings can give a structure where people start to learn from each other and can stay together to keep learning. Recruiting, training, hiring and developing peer facilitators who come from our programs can bring about a sense of long term belonging and participation. People can learn not only the characteristics of Mental Illness but also what the mental health system is about. Language is demystified and put into everyday terms. The diagnosis is seen as a part of each participants experience, rather than the sum total of who they are. People begin to feel more comfortable with themselves and the mental health system.

Peer educational support meetings are a chance to learn and teach about mental illness and the mental health system from one another and from providers who wish to participate as recovering people themselves.

## 2. Outside the mental health system

Peer/ mutual support meetings can also be done outside of the mental health system. Some people feel comfortable with talking about some of their concerns and having that discussion outside of the place where they receive mental health care. However, educational support requires two elements:

1. People need to read some material which is recognized as valid or emerging as valid by the mental health establishment.
2. We call these get togethers meetings and not groups so as to distinguish them from group therapy. Support meetings are not group therapy sessions. Mutual help meetings are more like community town hall meetings/discussions rather than therapy.

Some people are not willing to go to the place where they receive those services and have discussions about their lives, strength, hope and knowledge. Having support meetings outside the mental health system is an option that has been going on for awhile. In the future, there will also be more and more educational support meetings both inside and outside the mental health system. However, most people who have serious mental illness live on very tiny fixed incomes. Unlike people in NA and AA they often do not return to competitive employment, at least not right away.

Thus, our meetings are not able to be self supporting and must be subsidized somewhere. Some of us have sought grants for this, some have asked only for a room to meet in. In general we have found the mental health system helpful and receptive if not always understanding of what we are attempting to do.

## Outreach

One of the elements of having a good turn out of participants in the support meetings is learning how to do outreach. The time needed to do outreach needs to be set aside. Many people from our mental health programs have not attended these support meetings in the past. Getting people interested and encouraging them to attend meetings is also a job equal to facilitating support meetings.

The first rule of outreach:

Go where the people are. Find out where the mental health programs are - and go there! Meet people including the people who take care of the people.

Learn to network with the directors of the agency and find out when the community meetings take place. Learn to do public presentations and explain where the support meetings are taking place and what they are all about. Practice public speaking.

Experience in facilitating support meeting can help in doing outreach, also. Facilitating a support meeting requires public speaking. Develop informal relationships with providers who can support your efforts and refer people to the meeting.

Providers need education too! Too many peer support efforts have foundered and failed from leaving out this essential step or doing it half heartedly. When you present/public speak remember to STAY POSITIVE. After all, you want something and are more likely to get it through praise and gratitude than criticism and anger.

Even if you have had bad experiences in the system (and who hasn't?) don't lead with these. Later, when trust has been established you will find out who is open to change and who has the power to effect that change. Right now, you are just about building relationships. Learn to do all that can be done to connect with people. Connecting with people is a skill which needs to be learned.

### **How to connect:**

Connecting requires a genuine interest in the person or people who we are with. We enjoy our time with people. We get to know who they are and what we can do together. We understand where we agree and where we disagree. We don't expect everyone to agree with us. Learning how to connect first before helping is important. So in our connecting with people and learning how to be helpful, we need to:

1. Learn what are people are saying.
2. Learn who they are and what they need and want.

Again, we need take a genuine interest in the person who we are with. Try to have a regular conversation with people in the support meetings. Don't active listen or therapize the conversation. Just talk. Remember, connecting with another person sometimes also requires some level of self disclosure. Conversation needs to be a two way discussion. Peer support conversational style requires that people share about their hopes, dreams, miseries and struggles. Remember, there can be times when listening to another person is a job. Staying alert and connected with another person can require extra effort.

Being a peer facilitator is a job. Seeing each person fresh and not being judgmental about our past experiences with them is also important and hard work. We have probably spent time with some of the people in the support meetings by our past time together in the mental health system. We can connect with the people who we are with in way that is comfortable to them and to us. We can start fresh connecting with some of the people who we have known. If we don't know them, we know someone who knows them and/or they know some one who knows us. Most of us have been moving together through the mental health and/or substance abuse services for awhile.

Self disclosure isn't a just a choice. Self disclosure is a form of honesty which comes from recognizing why and how we got into the mental health system. We are helping ourselves as well as helping others. We are trying to gain some knowledge of our

psychiatric condition and knowledge of our time in the mental health system. We can share that knowledge with each other.

**Presence:**

Presence is a special state of attentiveness-not only attentiveness to another person and the environment, but also attentiveness to our own personhood . Through presence we can be of better assistance to other people and to ourselves. We can be present and not be intrusive.

Presence is paying attention-paying attention with a sense of sincere interest in the people whom we are with, the environment we are in, and the experiences that we are having. We are aware of ourself and others. We pay attention without being intrusive.

Again, we can pay attention by having a authentic curiosity about the people who we are with and our time together. Therefore, we pay attention because we enjoy the situation that we are in. We can discover, rediscover, and enjoy the people who we are with.

As meeting facilitators, we understand that we work for the betterment and improvement of others and of ourselves. We have come to terms with the fact that we are good people. We work hard and we make a difference in the lives of other people.

Through realizing that we do make a difference, we gain the strength to continue the work of recovery for others and for ourselves. All people are recovering at various times from disability, trauma, disappointment, and difficulties in relationships. Because the process of recovery is common to all kinds of situations, we can learn from one another. We can learn new ways to promote our mutual recovery process.

Presence is not seen. Presence is not thought about. Presence is like a breath. It happens even when we aren't thinking about it. Presence is being active when not moving. We are alert and attentive without be hypervigilant. Presence is being here, right now in the moment, experiencing the moment-without holding on to it. Presence is also taking time to continually learn about others and ourselves.

We need to have personal strength to work in mental health. Presence can strengthen ourselves for the moment when we are needed. Through presence, we learn to have confidence in our stamina. Through presence, we can strengthen our minds so that we find solutions with others as they need them. Presence also requires renewing ourselves, as well as being present.

Presence is understanding ourselves and pacing ourselves so that we aren't exhausted. Presence means that we don't inappropriately try to take over another person's life. We do not know how to lead another person's life better than they do. We do not need to be the expert.

We do need to learn is how to work collaboratively with others-respecting their ability to understand their own life, to change situations that haven't worked for them, and learn how to assist them in their own best interest.

Through presence, we can learn how to pace ourselves both physically and mentally. We can slow down, assist each other to focus on what is happening in the present, and preserve our energy for the collaborative work that real change requires.

Presence means getting out of the office and into the lives of people. Discovering and exploring are also parts of presence. Presence makes discovering. We are focused on what is happening and open to learning.

We are probably born with presence and attentiveness. The natural state of most infants seems to be one of presence and attentiveness. We often lose this sense of presence over the years as we find it more and more difficult to safely be ourselves. Yet, we can learn to accept ourselves, to love ourselves, to feel safe with ourselves, and to have presence. We can be present and attentive.

Again, presence can only work if we are moving toward physical and emotional health. Attentiveness can only work if we are rested and emotionally healthy. Through presence and attentiveness, we are trying to promote a life which is healthy for us and for other people. And people with mental illness can achieve physical and emotional health-even if the elements of the mental illness continue.

We can pay attention to others only if we can pay attention to ourselves. If we can know who we are and what we can do, we can develop a sense of presence.

We don't mean false pride. We mean humbly going about our work, open to our experiences and the experiences of those people we are assisting. We need to have presence and be attentive. We need to have presence to assist another person to pull his or her life back together.

We can have presence. We can be attentive. We can assist others because we value them and ourselves.

## **Exercise**

1. Break into small groups. Three to four people in each group. Turn your back the mutual(peer) support meeting facilitators. The facilitators will start to talk and you will have to pay attention. The secret is being attentive without eavesdropping. Be interested without seeing. Turn around and have a discussion about what you heard. Don't analyze. Don't use psychiatric buzz words to define what took place. Just talk with each other.

2. Keep in the small groups. Talk about what you did for the week. Have a discussion with everyone in the group, including the facilitators as part of the conversation. People

can also talk about what they would like to do. Practice having mutual conversations. Stay away from anyone being being a leader or dominant.

3. Quieting exercise. Sit with hands folded and breath in quiet for ten minutes. Just think, count your breathes and relax your mind. Breath in and out. Listen to your breathing. Slow down. Relax.

**Assisting and being assisted:**

First we need to be very clear that assisting another human being is an honor. Assisting another human being is also a valid form of work. Assisting is a job which needs to be done. And conversely, there is nothing wrong in being cared for. There is nothing wrong with being assisted by another human being. We only do our work as long as we can. When we are tired then we need to rest. We need to stay flexible in the time we spend with people so that we are rested. It is not necessary to burnout in order to help others.

Helping others is not a burden. Our work can nourish us, if we can learn how to have presence and be present. We can become nourished from our work because hope, respect, warmth, and clarity are attitudes which can nourish and renew people.

We assist human beings because we are compassionate. We are committed to compassion. Our compassion comes from understanding and accepting ourselves. When we can feel compassion toward ourselves then we can show compassion toward others.

There is nothing wrong in showing compassion or caring for another human being. We show compassion to our fellow workers and the people who receive our services. We are trying to build a community of mental health care and assistance. Therefore, we can mutually share compassion among ourselves, our fellow workers, and the people we are assisting.

We can give compassionate care and we can also receive compassionate care. The frustration of working in today's mental health system can make us forget that all people with mental illness need our presence and attentiveness. By strictly defining rules, regulations and policies, workers and clients from our own agency or department of mental health can create tensions in the lives of people.

The struggle of how much to assist another person is unending. How much assistance a person needs changes daily. We are in a constant flux of trying to understand how much assistance can we give and how much assistance does the person need and want. Also, we get tired. We make mistakes. We say and do the wrong things. We get angry. We get sad. We are not able to do all we would like to do.

Presence and attentiveness are attitudes and practices that need to be regularly reviewed and updated. We think that we are attentive at one time. Then, we find out

how to pay better attention to the people who we are with. We learn to better enjoy the companionship of the people who we are with. We are continually learning how to better documents our observations through the conversations that we had - not just on clinical judgment.

Educational peer support meetings require that facilitators not only show up on time and start the meetings. Learning to have have presence and assist people is just as important. We need to practice and learn those skills through the following exercises.

### **Exercise**

1. There can be a treasure hunt. The treasure hunt will go to specific points in the building. The treasure hunt will focus on people opening doors for each other. People will find the information at the sites and share the information with the people in the group.

At the end of the treasure hunt, there will be some snacks. People will give each other the snacks and eat them. The idea is doing for each other. Inspirational quotes will be the treasures which are being searched for. Maybe, written on a piece of paper and in a colorful box.

The snacks at the end of the treasure hunt will also give people the time to talk about the inspirational messages that they gathered from the treasure hunt. People learn to do tasks with each other while talking.

2. Quiet. Hands folded sitting down and deep breathing for ten minutes. Count our breathes. Keep reminding ourselves to relax, clear our mind, relax.

### **Assisting:**

Our job is to assist other people with a psychiatric condition to go through life. To assist another person, we need to also be healthy and maintain our own health. The concept of assisting comes from the independent living movement. Personal care assistants work with people who have physical disabilities. They are assisting not helping. Assisting give the impression of people working side by side. Assisting also implies collaboration and mutuality. There are fewer interpersonal barriers with assisting.

Assisting can be very practical such as sharing chores around the house. Assisting is doing with someone not doing for someone. Assisting can include conflict resolution. Assisting also involves learning from those whom we assist. Assisting a person with the use of presence means not using some listening technique. We listen and pay attention because the person means something to us. We listen because we are present and attentive to the person. Assisting becomes a natural response to a person in need.

Presence and assistance also means building relationships and coming to a variety of interpersonal understandings before or when a crisis occurs. We get to know the other person and the other person gets to know us. We share observations and perceptions.



We share experiences. We become neighbors in a recovery oriented mental health community-neighbors who are present, attentive, and assist one another.

To be assistive, we drop judgmental language, i.e., she's a borderline, he is psychotic. We can start to learn about who we are working with. Labels create distance. Labels create barriers. Labels stigmatize and stereotype people. If we label people we are not likely to get to know them or to take an authentic interest in them-and we will be less likely to assist them.

Giving assistance is work. Yet, as we spend more time assisting people, we tend to more easily let go of our own prejudices and fears of other people. We get to know other people wholistically. We know more about them than momentary conversations. We try to understand them by time spent with them in assistance and presence.

We can learn to enjoy and value the people with whom we are working.

## **Exercise**

1. Think of an activity that you would like to do. Think about something that you did or thought. Try to explain that to someone. One person listens while the other talks. Then, have both people talk about what was said. What was the reaction. Remember, there is no right or wrong way to listen. One person might listen and get all the "facts." Another person might listen and become inspired. Another person might want to do something or another person might come to a realization.

Just find out how some one else thinks. Learn to sit next to the other person, like two people having a conversation on a park bench.

### **Ask a lot of questions, get a lot of opinions and keep an open mind:**

Many times in mental health we try to have answers or solutions. People with a psychiatric condition can be suffering emotional anguish. Our heart goes out to the person and we want to do something to lessen the anguish and suffering. We set up up these educational support meetings in hopes that we find some solutions. From the support meetings, answers, opinions, suggestions, and solutions seem like they should come right out to stop the suffering.

Asking a lot questions and getting a lot opinions can increase real attentiveness. We are really interested in a person. Therefore, we ask their opinion. We find out about them by asking questions. We really want to know about the person. This is why we ask questions and get opinions. Then, we can make suggestions after having asked questions and gotten opinions-short suggestions but not answers. We want people to come up with their own answers. Sometimes solutions come about over a long period of time. Many people don't object to being reminded. But, being reminded and having

someone follow us around prompting us are two different things. We keep it simple. We ask questions. We get opinions. Because, we are authentically interested in other people.

## **Exercise**

1. Divide into two or threes. Get a broom. One person sweeps the other person asks questions. One person has a dust pan. The two people go around sweeping and talking. People are able to find out about each other and work at the same time.

Remember that the sweeping also has symbolism. The floor looks clean. However, there is still dust to be found. We might think we know everything about a person. We still have a lot to learn. We also learn to keep active with work while we listen. We also pay attention without being intrusive.

### **Living attentiveness:**

To be attentive to others, we need to learn to be attentive to ourselves. Attentiveness is not over concern. Attentiveness is not being judgmental and paying too much attention to details. Attentiveness comes from enjoying our lives and participating in life.

Attentiveness is a way of caring and of being fully present.

Like tending a garden, we pay attention to what needs to be done. We also take time to smell the sweet air while we weed the garden. We also feel and smell the soil. The soil just isn't seen as dirt that will make our hands dirty. If we can't get all the soil off our hands, we learn to appreciate our soiled hands. We appreciate the whole environment and ourselves in the environment. Through full appreciation, we become attentive.

By being attentive, we can learn to love ourselves and others again. We learn to see how imperfect each of us really is. We try not to get swept away by our judgment of others. We stay balanced because we pay full attention to who we are and what we can do.

We are support meeting facilitators who work with other people. We all have a psychiatric condition. We explore the possibilities of recovery every day. Exploration requires attentiveness. We are attentive because we like ourselves. We are attentive because we like the people who we work with. We grow to appreciate and like our environment.

We can also understand about and learn from our mistakes because we are attentive. We can develop humor and forgiveness about our mistakes and the mistakes of others.

Through attentiveness, we learn what the situation is and who the people are. We come to appreciate the people and the situation. We can chuckle over our imperfections that we encounter through our contact with people and with situations. This ability to chuckle requires forgiveness.

While we facilitate support meetings, we need to learn to stay attentive.

**Exercise:**

1. Sit around and explore our dreams. Talk about what we would like to do. Talk about what we hope to do. Listen to each other. Learn to be conversational. Set aside ten minute to practice attentiveness. Repeat back what was said and heard. Compare notes and see if other people agree.

**Forgiveness:**

Forgiveness seems hard to come by. Yet, what goes around comes around. We want to create cycles of forgiveness and not retaliation. Forgiveness means that we see the person and the situation the way they really are. We learn to value a person- blemishes and all. We can forgive because we have come to really understand the person. We suspend judgment even if we don't fully understand the situation the person is in.

The possibility of a place to live and something to do is what we offer in mental health.

We do as much as we can every day to assist people in not losing their opportunities to live a full life. We do as much as we can do, and then go home and rest.

We also have to learn to forgive ourselves when our plans don't go right. We also have to learn to forgive ourselves when the people whom we work with don't take our suggestions. We have to learn how to forgive ourselves, when other people don't follow the plan. We also have to be willing to go back and create a plan that might work.

Forgiveness is hard. Forgiveness requires constant presence and/or attentiveness. We have to keep present in our minds that forgiveness is a must and will be difficult. Forgiveness will be a challenge. We are taught how to get even. Many of us grew up with the saying, Don't get angry, get even. There are many stories of retribution or getting even.

There are very few stories of forgiveness. Forgiveness isn't glorified in popular culture. There are no block buster movies about forgiveness.

Forgiveness can be quiet. Forgiveness can go unnoticed. There doesn't seem to be any social recognition of forgiveness. What does forgiveness do for us?

Forgiveness builds strength of personal character. We discover better who we are and what we can do through the act of forgiveness. We come to understand others through the act of forgiveness. We come to actually have a glimpse into another people's experiences through the act of empathic forgiveness. We come out of ourselves and our judgments through forgiveness. We become flexible through forgiveness.

Still, forgiveness will be hard. Forgiveness is not really part of modern culture or thinking. We are learning to generate and create forgiveness in a cultural, moral, social, or spiritual vacuum.

Forgiveness will be difficult. Like meditation and reflection, practicing a little forgiveness every day might help prepare us for the big acts of forgiveness which we will eventually need. We might start by forgiving ourselves when we make mistakes or we don't do all that we would like to do. We can learn to forgive ourselves and become repentant when we are not nice to other people.

Through forgiveness, we not only accept the errors of others-we also accept our errors. We forgive other people because we accept that we will also make mistakes-little mistakes, medium sized mistakes, and the occasional huge mistake.

### **Exercise**

1. Sit around and talk about a situation where we felt awkward and clumsy. Disclose gently some personal frustrations we have with our lives. Try to keep the groups to three or four people. Talk about when other people forgave us. Talk about when we forgave other people. Let the group discussion go on for about fifteen or more minutes. Ask ourselves did we learn a little more about how to forgive.

Forgiveness seems to one of the hardest attributes to learn and retain.

### **ACCEPTANCE**

Acceptance of our vulnerability is demonstrated by accepting assistance. Acceptance can be the extension of assistance. We acknowledge that we are in need of assistance. Through acknowledgment of our need for assistance, we come to the realization of our needs and wants.

However, everyone needs assistance. People and facilitators in our support meetings are wanting acceptance. That is why we attend support meetings. We are looking for some assistance.

Our culture doesn't encourage the idea that sometimes we will all need assistance and care. We are not lone indestructible individuals who have to make it through life on our own. Everyone needs assistance sometime.

We can learn how to accept assistance and care from others. At some times in our lives, some of us will care for others. Some of us will learn how to assist others. And, some of us will be assisted.

Acceptance of our vulnerability brings us to a level where we can accept care and assistance.

By demonstrating acceptance of our personal vulnerability, we set the tone for other people around us to learn how to receive assistance.

Even with acceptance of vulnerability, our minds will continue to have negative thoughts. We will not always think kindly of other people. We will have thoughts like they could do better Or, we are not good enough. Acceptance will not help us drop the all negative thinking.

We go forward through forgiveness. We can have a temporary relief from this negative thinking. Forgiveness and acceptance opens the door for some moment to moment relief .

The anguish that come through the conflicts of life can be lifted through forgiveness. Forgiveness is a practical approach to stress caused by conflict. We can forgive because we accept that we are all at times weak and suffering. We accept that we all make mistakes. We accept that everyone at sometime needs assistance. By needing assistance, we accept our vulnerability and the vulnerability of others. Accepting our personal vulnerability will be difficult.

In the support meetings, there will be people who will be disruptive. We need to learn forgiveness. We need to learn to bring people into our support meetings. We need to learn how and when to bring people into our support meetings. Forgiveness can give us the clarity in being welcoming to people.

## **Exercise**

1. Discuss our failures and disappointments. Talk about what we would have done differently. Talk about acceptance of what we have. How we didn't always get what we want. How to appreciate what we have. Who are we after things didn't work out.

Did people need assistance during those times of failure and disappointments?

## **NEGATIVE THINKING**

Many facilitators have quit because of negative thinking. We don't always think the best thoughts about ourselves. We also don't think the best thoughts about other people. We got discouraged and disillusioned. How can we stop this negative thinking? We have to work at filling up the negative thinking with positive thinking.

Affirmations can sometimes work in a crisis. When our minds are jumbled with horrible thinking, we sometimes need to keep repeating over and over some positive thoughts.

For the long term change in negative thinking, we will need our positive thinking to be internalized through educating ourselves. We need to learn how to write and discuss positive thoughts every day. Again, we can practice positive thinking. Through practice of positive thinking, we can more easily fall back on the positive thoughts naturally.

What are some of the ways to practice immediately changing negative thinking?

1. We make lists of what we have.
2. We learn to appreciate what we have.
3. We write down and discuss who we like.
4. We write poems and/or statements about the beauty around us.
5. We take time to appreciate nature (For instance, we let the wind and fresh air zap us).
6. We practice meditation. (Where we have no thoughts for periods of time).
7. We learn to read books and see things which are inspirational.
8. We restrict the images of the media. (Turn off television for extended periods of time or completely).
9. We accept our imperfections. We accept the imperfections of others.
10. We also learn to take out time for reflection and/or prayer.

What we are learning is that there are several ways of seeing a situation. We can think that we are either stuck or we can think that we are delayed. Stuck mean that we think that we will never get out. We feel trapped. Delayed gives us the opportunity to feel like we are only momentarily caught.

By writing down what we have, what we enjoy, and who we think we are then we can use our time to move forward. Even when we feel that we are delayed. Negative thinking takes up time which we need to renew ourselves. Negative thinking can bring about anxiety.

Negative thinking can become so routine that we don't even realize that we are filling up with negative thoughts.

There will never be complete elimination of negative thinking. However, we can have temporary relief from negative thinking.

### **Exercise**

1. Make a list of what we have.
2. Write down and discuss who we like.
3. Write poems and/or statements about the beauty around us.
4. Practice meditation. (Hands folded, quiet deep breathing, sitting in a chair or on the floor and set aside a time period where we reduce our thoughts for periods of time.

### **PAUSE AND CHECK IT OUT:**

Pause and check it out is learning how to step back in order to go forward. The goal of pause and check it out is to become closer to people through more thoughtful contact.

This is not an act of distancing. This is a process for preparing ourselves to be of assistance more fully.

We need to take time out to understand what the person we are assisting expects of us and what he/she really wants us to do. Assistance requires that we understand what needs to be done. Before we give assistance, we need to learn how to pause and check it out. Rushing in to give assistance, we may miss what the person really needs.

Always ask before assisting. Always assume that people can be actively involved in the decisions that affect their lives. Do not assume that you know how to lead someone's life better than they do.

Pause and check it out is a form of renewal. We need to learn how to daily, or sometimes several times a day, get away from the chatter that passes for thinking inside our minds.

We need to rest our minds, refresh our thinking, and then go back into the world of work.

We need to learn how to clear and freshen our mind and the mind of the person we are assisting before we act. We need to learn how to pause and check it out.

We need to build the skills of pause and check it out. One of the best ways learning how to pause during the day is set aside time to mediate, reflect, and/or pray during the day.

For instance, we can get up the same time almost every morning and go to a place in our home. We can engage in quietness and stillness.

We can sit in a chair or sit on the floor for ten or fifteen minutes. We clear our minds. We remind ourselves while we sit that we don't want to think. We want to rest our thinking. We want to clear our mind. We can say, clearing my mind, clearing my mind, clearing my mind, while we are sitting and breathing. We want to get rid of the busy thoughts. Just have the simple thoughts going through our mind.

Focusing on a word or phrase can help us to clear our mind of thoughts. We don't want to focus on what is worrying us. Thoughts can be very persistent and if they reappear, don't be hard on ourselves-simply return to the word or phrase we are using, like, clear our minds, clear our mind. We can say something like, relax, relax, realx. Or, don't think, don't think, don't think. We have to practice meditation and clearing our minds through meditation. With daily practice we can get very good at learning meditation and pausing.

We will never be without thoughts and thinking. Just twice a day we can give our minds a ten minute rest by clearing our minds. To learn how to pause during the day, we need to learn how to build the formal daily practice of pausing into our life. Meditation is structured way of practicing pausing.

If during the day, we find we need to pause again and refresh ourselves, we only need to pull away into our quietness and stillness for a few minutes. The more we practice this quieting process, the more we will be able to Pause and Check It Out during the day. By our modeling Pause and Check It Out, then maybe other people will become interested in learning how to Pause and Check It Out.

Please remember! Sometimes, our best actions can come through quietness and thoughtfulness. Presence and attentiveness need the practice of thoughtfulness. We can not be present and attentive unless we are thoughtful.

We need to build periods of thoughtfulness into our lives. Through quieting, reflecting, and pausing we can build a daily possibility of learned thoughtfulness. Through quieting, reflecting and pausing, we can also renew ourselves. To open up opportunities for mental health to others, we need to become mentally healthy ourselves. Our mental health needs can be continually renewed through quieting, reflection, and pausing. Pause and check it out.

Then, when we facilitate the support meetings-we are refreshed and ready to be with other people.

## Exercise

1. *Practice meditation.* Sit in a chair with hands folded. Breath in and out. Try to have as little movement as possible. When breathing in say clearing my mind, clearing my mind, clearing my mind. When breathing out say don't know, don't know, don't know.

We don't need answers and solutions for everyone and everything. We need to get away from our activity to become productive. We need to rest our mind. We need to put down our thinking. Fifteen minutes of mediation or more a day can rebuild our renewal of attitude. We just have to start practicing.

2. *Reading.* Read from a selection which comes from the self help or self improvement literature. Read for two or three minutes. Put down the reading material and just think about what you read. Then, discuss with the group what you read. Try to find out new ideas and new information.

After you finished reading the material were you focused about what you read?  
Did your mind wander?



If your mind did wander, were you inspired with new ideas. What were those new ideas?

### **CHANGING ROLES**

Sometimes, who is assisting and who needs assistance will change. People can start to learn from each other at different parts of the support meeting spectrum.

At times, some mutual/peer support facilitators will need or want to go back and attend the educational support meetings. Sometimes people will be facilitators and sometimes they will be attendees.

Changing roles in mental health can be difficult. Changing roles can be very disorienting for some people. We are used to thinking that one side needs help and the other side gives help.

We are talking about eventually building a total environment of assistance.

These on going mental health peer/mutual help educational support meetings are a form of assistance that we will either use or work in.

We keep meeting together on common ground. That common ground is the idea that we all need assistance. Sometimes we will give assistance and some time we will receive assistance.

We become closer and get to know each other through assistance.

Assisting another human being is an honor.

Changing the roles of people in our mental health programs will be difficult but can happen. Learning to give assistance can be just as difficult as receiving assistance.

Imagine not having all the answers. Imagine asking for assistance rather than offering advice.

In the past wellness was seen as a continuum where people got better and never returned for care. Peer/ mutual support meetings are set up so that people can move back and forth by both receiving and giving care. Because of peer support, people know that they can get support when they need it. Peer support is ongoing and easy to access.

Stability with mental illness requires learning from a variety of perspectives. Peer support offers a variety of perspectives.

Someday, mutual/peer support facilitators will be recognized as an integral part of our mental health system.

We hope by learning these skills and ideas then you can become a peer facilitator.

### **NEW Changing roles in mental health settings**

Sometimes, who is assisting and who needs assistance will change. People can start to learn from each other at different parts of the support meeting spectrum. The idea of creating more equal relationships between provider and client is not a new one.

In psychology this is called a "therapeutic alliance." In the past this meant that there were rigid boundaries between the people who were supposedly "allying". Today we know that such rigid boundaries are not necessary and that they sometimes are experienced by clients as alienating and otherizing. Does this mean that a shift in boundaries means a loss of boundaries?

This is a fear that many providers have. We think it is unfounded. The balance of power will always ultimately be in their court. We accept that there will always be times when clients may need to be restrained, medicated and to have other treatment that they may not experience as being in their best interest.

However, in our experience, sharing power rather than inflicting it, usually helps these incidents to have better outcomes. Providers can model reciprocal relationships rather than come from a "top down" position. One of the most disenfranchising experiences comes from feeling oneself and one's peer group to always be in a position of need.

Peer support can best work with providers when providers are able to acknowledge and receive our many gifts. Providers can share and demonstrate their humanness without losing their objectivity or exploiting clients.

The later two are often cited as reasons for keeping good boundaries and are, of course of concern to all ethical practitioners. When staff enters into more equal relationships with consumers there is less likelihood of these two things occurring, not more. Consumers as providers need to learn this new balance.